## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

87345,2040

|  |   |   |                 |                                   | 7 /                 | 100 2            |       |             |                        |      |   |                        |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---|-----------------|-----------------------------------|---------------------|------------------|-------|-------------|------------------------|------|---|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                 |                                   |                     |                  | SM/   |             | NTITY                  | OR   | OTHER<br>SMALL  |                        |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS                                   |   |   | 35              |                                   |                     |                  | R     | ATE         | FEE                    | ]    | RATE  | FEE                    |  |  |  |  |  |  |  |  |  |  |  |
| FOR  |   |   | NUMBER FILED    |                                   | NUMBER EXTRA        |                  | BAS   | IC FEE      | 385.00                 | OR   | BASIC FEE   | 770.00                 |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS                        |   |   | 35 minus 20=    |                                   | * 1S                |                  | ×     | \$ 9=       |                        | OR   | X\$18=  | 290                    |  |  |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS                             |   |   | 3 minus 3 =     |                                   | * \phi              |                  | X     | 43=         |                        | OR   | X86=  | 2 17                   |  |  |  |  |  |  |  |  |  |  |  |
| ΜL   | JLTIPLE DEPEN   | NDENT CLAIM P                             | RESENT          |                                   | \                   |                  |       | 45=         |                        | 1    | +290=   |                        |  |  |  |  |  |  |  |  |  |  |  |
| * If the difference in column 1 is less tha    |   |   |                 | zero, enter "0" in column 2       |                     |                  | L     | TAL         | <del> </del>           | OR   | TOTAL   | 1040                   |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS AS AMENDED - PART II                    |   |   |                 |                                   |                     |                  | 10    | /IAL        | <u></u>                | JOIT | OTHER   | <u> </u>               |  |  |  |  |  |  |  |  |  |  |  |
|  |   | (Column 1)                                |                 | (Colun                            | nn 2)               | 2) (Column 3)    |       | SMALL ENTI  |                        | OR   | SMALL   |                        |  |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>DUSLY        | PRESENT<br>EXTRA | R     | ATE         | ADDI-<br>TIONAL<br>FEE |      | RATE  | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |  |
|  | Total   | *   | Minus           | **                                |                     | =                | X     | S 9=        |                        | OR   | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |  |
|  | Independent   | <u> </u> *                                | Minus           | ***                               |                     | =                | X     | 13=         |                        | OR   | X86=  |                        |  |  |  |  |  |  |  |  |  |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                 |                                   |                     |                  | +1    | 45=         |                        | OR   | +290=   |                        |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |                 |                                   |                     |                  |       | OTAL        | <u> </u>               |      | TOTAL<br>ADDIT. FEE   |                        |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)               |   |   |                 |                                   |                     |                  |       |             |                        |      | ADDII. FEET   |                        |  |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT B                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHI<br>NUME<br>PREVIC<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA | R/    | TE          | ADDI-<br>TIONAL<br>FEE |      | RATE  | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |  |
|  | Total   | *   | Minus           | **                                |                     | =                | XS    | 9=          |                        | OR   | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |  |
|  | Independent   | *   | Minus           | ***                               |                     | =                | X     | 3=          |                        | OR   | X86=  |                        |  |  |  |  |  |  |  |  |  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                 |                                   |                     |                  |       | 45=         |                        | OR   | +290=   |                        |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |                 |                                   |                     |                  |       | OTAL<br>FEE |                        | OR , | TOTAL<br>ADDIT. FEE   |                        |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)               |   |   |                 |                                   |                     |                  |       |             |                        | •    |   |                        |  |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT C                                    | `   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·               | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>JUSLY        | PRESENT<br>EXTRA | RA    | TE          | ADDI-<br>TIONAL<br>FEE |      | RATE  | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |  |
|  | Total ·   | *   | Minus           | **                                |                     | = .              | X\$   | 9=          |                        | OR   | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |  |
|  | Independent   | *   | Minus           | ***                               |                     | =                | X4    | 3=          |                        | OR   | X86=  |                        |  |  |  |  |  |  |  |  |  |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                 |                                   |                     |                  |       | 5=          |                        | ı    | +290=   |                        |  |  |  |  |  |  |  |  |  |  |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                 |                                   |                     |                  |       |             |                        | OR   | +290=<br>TOTAL  |                        |  |  |  |  |  |  |  |  |  |  |  |
| ***  | If the "Highest Nu  | mber Previously Pa                        | id For" IN THIS | S SPACE is                        | less tha            | n 3, enter "3."  | ADDIT | FEE         | propriate box          | • •  | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                        |  |  |  |  |  |  |  |  |  |  |  |